



Bernalillo County Resource Reentry Center FY19-20 - Year Two July 2019-June 2020

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RESOURCE REENTRY CENTER (RRC)

The RRC is the first stop for 99% of individuals released from the Metropolitan Detention Center (MDC). RRC officially opened on June 12, 2018. This report reflects RRC's year two.

Located in downtown Albuquerque, the RRC operates 24 hours/7 days a week and offers on-site case management assistance to returning individuals as they transition back into the community.

The RRC is a voluntary program. Released individuals are not required to stay; however, they must pass through in order to obtain street access. RRC staff greets individuals as they enter and engage with individuals to offer services.

Services Offered at the RRC

Individuals can make phone calls, charge their phone, use a private bathroom, access free Wi-Fi, use the computer, enjoy a snack/coffee, wait for a ride, or have a safe place to stay until morning.

RRC team members are available to connect individuals with resources such as:

Transportation, shelter, clothing, case management, behavioral health or substance abuse services, veteran services, Pretrial Services (Metro/District), Narcan education and access, vocational services, SNAP/Medicaid enrollment, prescription access, amongst other referral based services.

Staffing

RRC staff consists of Bernalillo County Special Projects Coordinator, Program Supervisor, Substance Abuse Techs (referred to as RRC Greeters), and newly added full time DBHS RRC Case Managers. Contracted partners include University of New Mexico Hospital (UNMH) Transition Planners, and University of New Mexico (UNM) Community Health Workers (CHWs) and Pathway Navigators, as well as afterhours Security Officers. UNM Institute for Social Research (ISR) is also contracted for program and system analysis.

Transition Planning Overview

Each individual booked into MDC completes a Receiving Screening conducted by a MDC medical provider. In addition to evaluating medical needs, the screening assesses criminogenic risk, mental health, suicidality, and the prevalence of substance use. Based on the automated score of these screenings, individuals are categorized into groups based on risk and need (low, moderate, high)¹. These Risk Scores assist the service providers within MDC (Social Services Coordinators, UNMH Transition Planners, and Centurion Discharge Planners) and at the RRC to connect with clients in a focused and meaningful way.

Case information (and transition plans for those who score moderate to high risk) is shared between jail providers and the RRC in an effort to best serve the individual as they are released.

The goal is to affect recidivism, reduce length of stay at MDC, increase the time spent out of jail, and reduce unnecessary costs to the system and community by successfully connecting individuals to services and resource information.

Behavioral Health Initiative Project

UNMH Transition Planning at MDC and the operation of the RRC are managed through the Department of Behavioral Health Services. Funded through the Behavioral Health Initiative via the one eight percent gross receipts tax to provide a safety net system that develops a continuum of care. Approved by Bernalillo County voters and the Bernalillo County Commission.

2014 Ballot Question

“Are you in favor of the Bernalillo County Commission establishing a one-eight percent gross receipts tax to be used for the purpose of providing more mental and behavioral health services for children and adults in the Albuquerque and Bernalillo County Area, to provide a safety net system that develops a continuum of care not otherwise funded in New Mexico.”

¹ Group categories ascribe to the Council of State Governments Justice Center *Criminogenic Risk and Behavioral Health Needs Framework*

RRC DATA AND COLLECTION



Data collection and tracking methods used for program evaluation and reporting consist of tallied spreadsheets, SharePoint data entries, contractor performance reports, and transport logs. Collection and evaluation of data remained a manual process during year two.

Reporting Period

Data contained in this report captures the operations during fiscal year 2019-2020: July 1, 2019 to June 30, 2020².

Tracking logs and reporting

Interaction Trackers were created to allow case managers to log individual case management services and referrals made on behalf of a client. The *Interaction Tracker* is an aggregate daily log specific to population demographics and case management service domains (i.e. behavioral health, shelter, etc.). The current version has been adopted by both RRC staff and at MDC by the Transition Planners. On-going quality assurance reviews resulted in modifications to the *Interaction Tracker* for improvement and better data collection. The *Interaction Tracker* continues to be monitored for enhancements and essentials.

In October 2019, monthly contractor performance reports were launched as a requirement to the program. Performance reports use aggregate data to demonstrate demographic information, service encounters, staffing and caseloads, production of assessments and transition plans, and case management engagement snap shots. The report also allows for narrative comments to highlight successes, barriers, trends, program changes or adjustments, as well as the opportunity for suggestions to the report itself.

² It should be noted that RRC's first year report included data from July 2019; reporting period has been adjusted in this report, and going forward, to follow a fiscal year from July 1 2019 -June 30 2020.

MDC to RRC: Transports

Transports from MDC to RRC occur 24 hours a day, seven days a week.

- 2,475 transports received at RRC
- 16,961 individuals were released through the RRC³
- Average # of individuals passing through RRC per month: 1,413
- Average # of individuals passing through RRC per week: 326

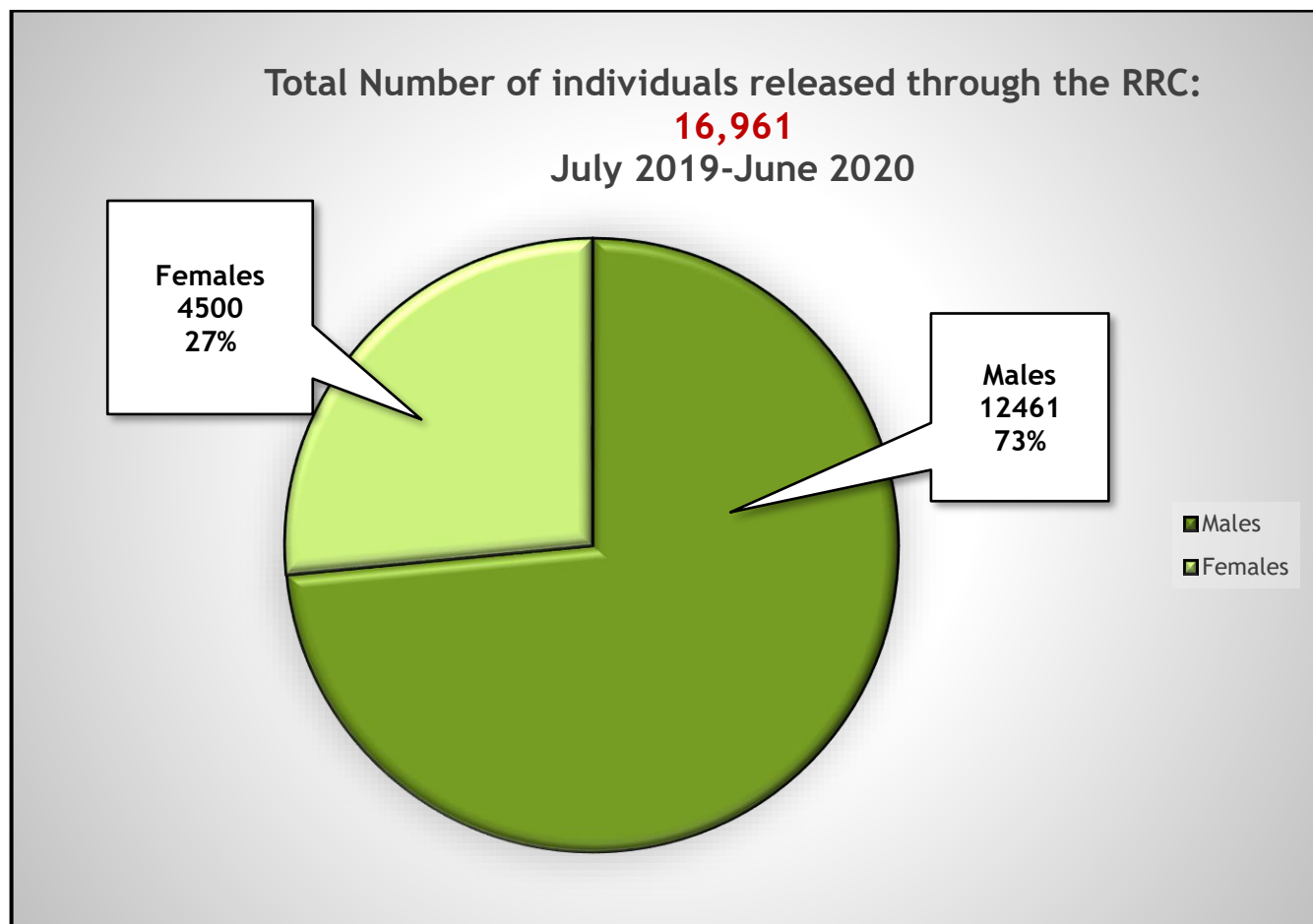


Figure 1 Total individuals through RRC by gender

³ Total number of individuals through the RRC has decreased compared to FY18-19 and will be explained within this report.

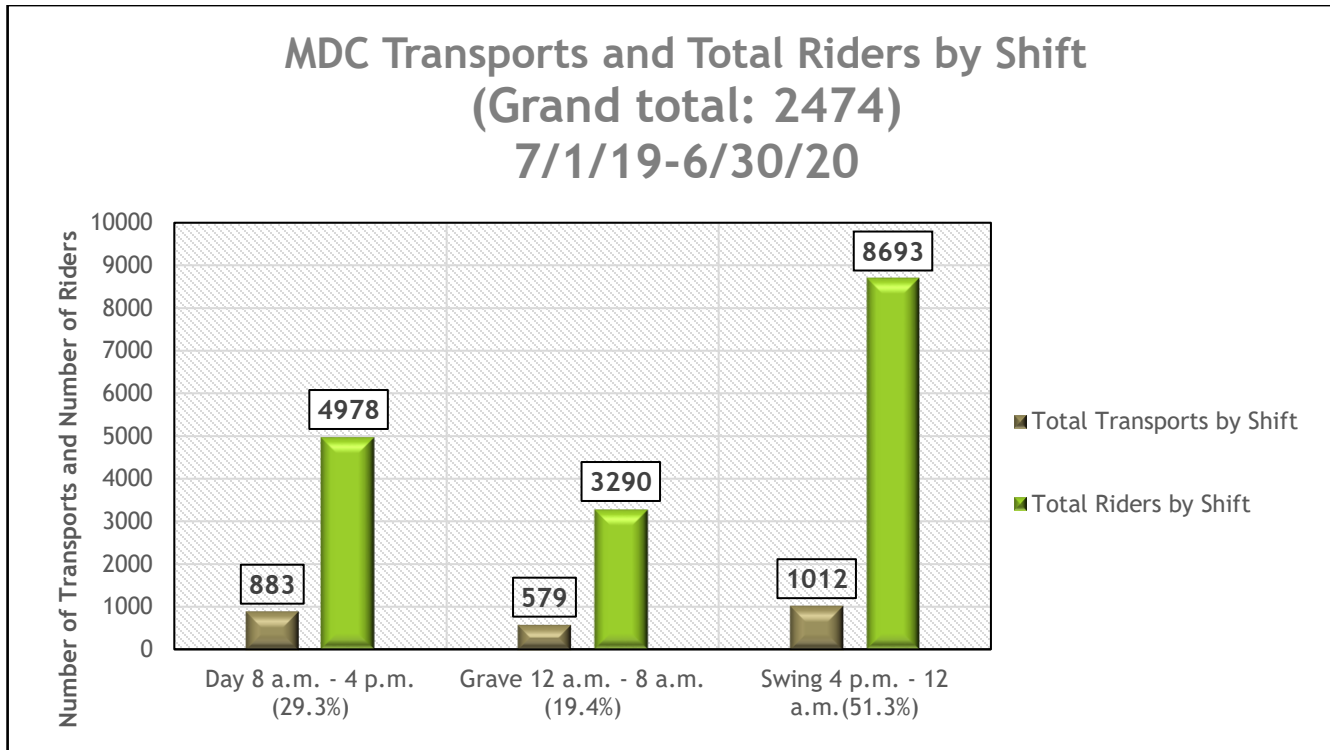


Figure 2 Rider and Transport totals by Shift

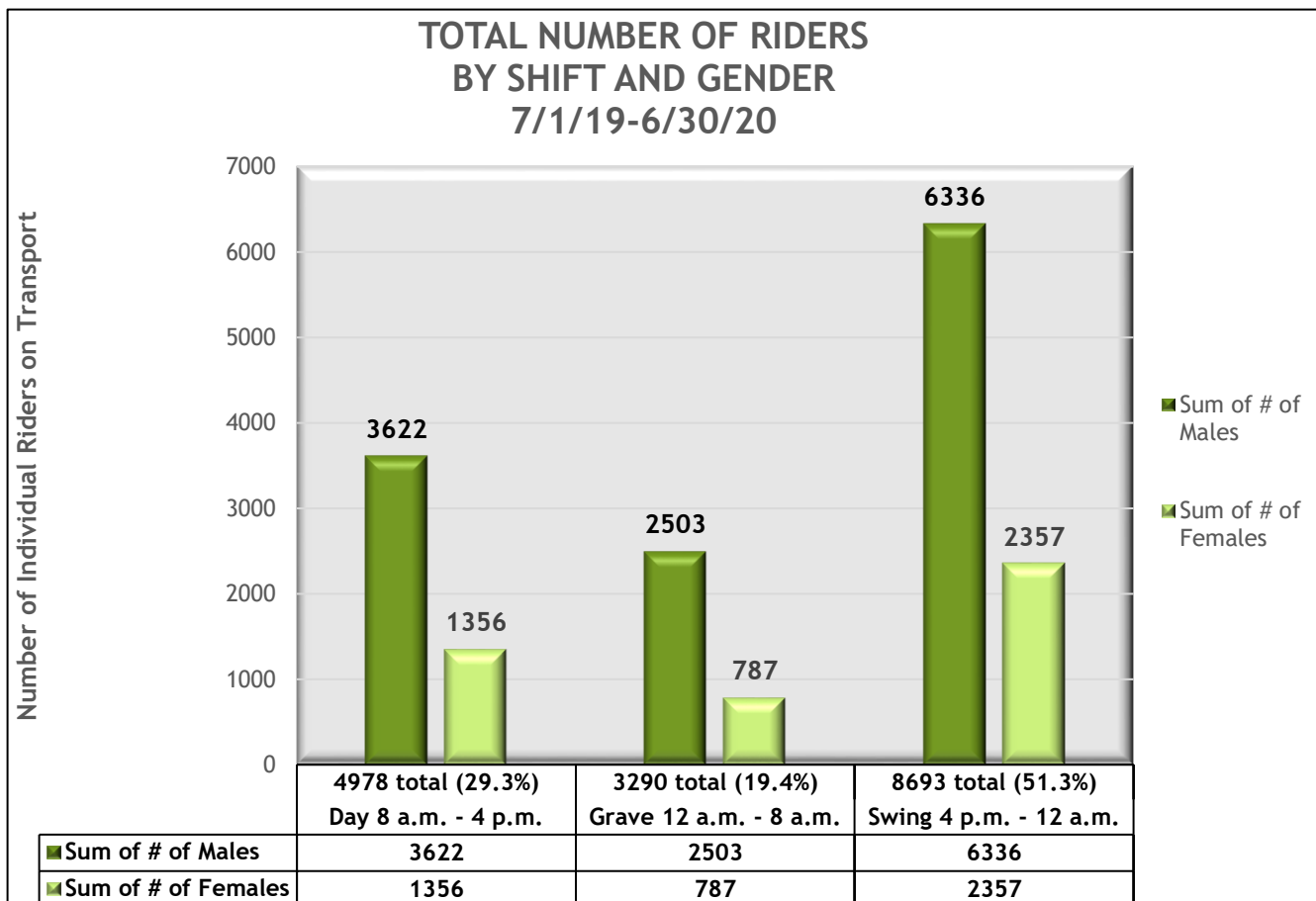


Figure 3 Rider totals by Shift and Gender

Utilization of RRC Services

In its second year, the RRC's reputation and services became established with those exiting the jail. This was accomplished by improved marketing and distribution throughout MDC using posters and information within the inmate tablet system, word of mouth by clients who previously experienced the RRC, and improved processes implemented at MDC and RRC. RRC leadership also worked closely with MDC Security to provide the availability of the RRC *Menu of Services* and RRC business cards to clients in the releasing area so they are prepared in advance of what to expect upon arrival.

Year Two Utilization Totals:

- 16,961 individuals released through the RRC
- 3,316 individuals elected to leave the RRC without accessing any services (20%)
- 13,645 individuals remained at the RRC and accessed one or more services. (80%)

RRC saw a significant improvement in utilization rates⁴ while at the RRC. A monthly average of 80% of those exiting through the RRC took advantage of one or more services. This is an 8% increase compared to last year's utilization average⁵. As a result, those who elected to leave the RRC immediately was positively reduced to 20%. Clients often offering common explanations for electing to leave, such as, a desire to smoke a cigarette⁶, indicating their "ride is already waiting outside", or "I just want to get home".

RRC Services

RRC looks at two sets of services for utilization: Ancillary and Case Management.

⁴ Utilization totals include both ancillary services and case management services. A client may engage in multiple services during their stay at MDC.

⁵ RRC first year: 20860 through RRC, 5770 left without services, 15090 accessed RRC services; 72.3% average utilization.

Current year: 16961 through RRC, 3316 left without services, 13645 accessed RRC services: 80.4% average utilization.

⁶ RRC does not provide cigarettes and contraband is disposed of at MDC.

Ancillary Services

Ancillary Services at the RRC are services offered as an amenity and safe haven of the RRC.

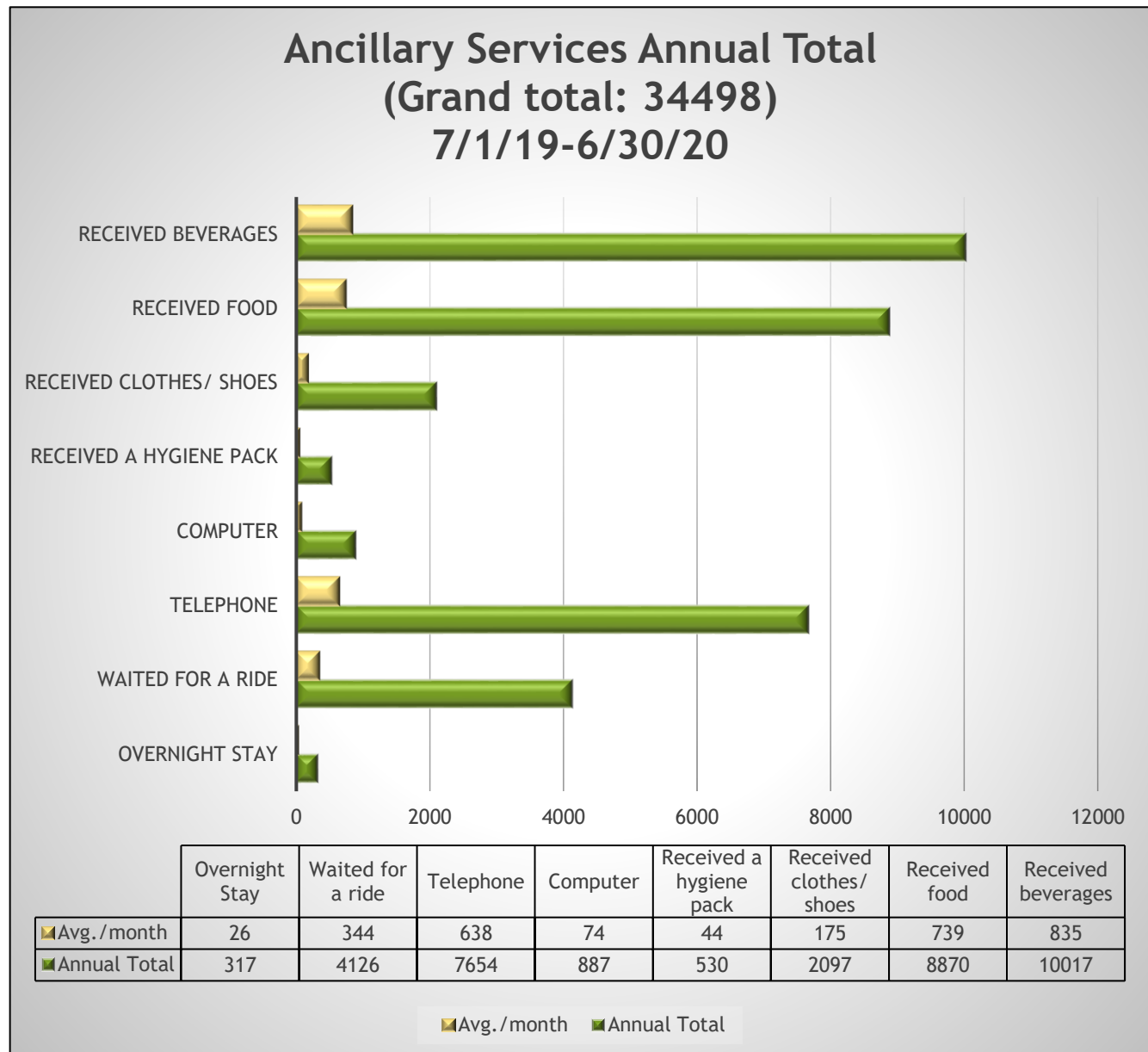


Figure 4 Ancillary Services Totals

Case Management Services at the RRC

Case Management is one/one engagement, between a case manager and a client while at the RRC, where client needs are assessed, reentry plans are created or implemented, and referrals are made. 4,595 individuals met one on one with an RRC case manager.

Individuals can receive more than one service and/or referral during their engagement. A total of 12,468 referrals and/or services were provided during FY19-20 (see Figure 5 and 6).

<u>RRC CASE MANAGEMENT SERVICES FY19-20</u>	<u>ANNUAL TOTALS</u>
<u>BEHAVIORAL HEALTH</u>	<u>2,182</u>
Mental Health/Counseling/Psychiatric	421
Special Accommodations (illiterate, blind/deaf, physical handicap, non-English speaking)	72
SA/Alcohol Treatment	431
Detox Services	37
Sober Living	206
DWI information packet	750
Narcan Education & Distribution	53
Methadone referral/access	124
Suboxone referral	88
<u>MEDICAL</u>	<u>123</u>
Dental/Vision referral	22
Medical referral	75
Prescription Access/Coordination	26
<u>BENEFITS</u>	<u>438</u>
Referrals to SSCs for Medicaid Reinstatement (client has a confirmed appointment within 72 hours of release requiring active Medicaid)	53
# of Medicaid verifications through portal	35
Medicaid only application completion	8
SNAP application only	52
Cash Assistance (includes TANF)	4
Medicaid and SNAP (and/or Cash assistance); multiple service application	178
SSI/SSDI/SSN	108
<u>IDENTIFICATION</u>	<u>309</u>
Driver's License/ID	242
Birth Certificate	67

Figure 5 Aggregated Counts: Service and Referral Details by Domain Category and Type

<u>RRC CASE MANAGEMENT SERVICES FY19-20 (CONT'D)</u>		<u>ANNUAL TOTALS</u>
<u>FOOD & SHELTER</u>		<u>1,206</u>
Food Pantry		56
VI-SPDAT completed		165
Housing (i.e. ABQ Housing, Bernco Housing Authority, Sec 8, Apt rental application, etc.)		233
Motel Voucher (one referral per client/year) ⁷		60
Transitional Living		99
Westside Shelter information		265
Westside Shelter Pick-Up		103
Shelter Referral (other)		225
<u>LEGAL</u>		<u>2,601</u>
Pre-Trial District		660
Pre-Trial Metro		720
Probation & Parole		458
Legal (LOPD, attorney, court information, etc.)		763
<u>TRANSPORTATION & PROPERTY</u>		<u>3,661</u>
Daily Bus Pass		2,605
Monthly Bus Pass		130
Travel Assistance (Outside of ABQ)		33
Vehicle Location Assistance		632
Property Location Assistance		261
<u>CASE MANAGEMENT-LONG TERM SUPPORT</u>		<u>1,358</u>
Translation Services/Interpreter		12
ICM Referrals		83
Boundary Spanners		6
Fast Track case coordination		7
UNM HS Pathways Navigators		327
Case Management (Other Agency)		873
Managed Care Organization (MCO) Care Coordinator (Presbyterian, Western Sky, BCBS)		22
Veteran Services		28
<u>VOCATIONAL</u>		<u>590</u>
Education		186
Employment		404

Figure 6 Aggregated Counts: Service and Referral Details by Domain Category and Type

⁷ RRC formally partnered with the City of Albuquerque (CABQ) and First Nations Community HealthSource (FNCH) to provide a motel vouchers to released individuals. Vouchers are for up to 7 days. RRC referred a total of 60 unduplicated individuals; 45 were successfully accepted, 15 failed to report to FNCH to receive the voucher. 3 accepted individuals were terminated early due to property damage and non-compliance. A 7-day voucher is valued at approximately \$458.00.

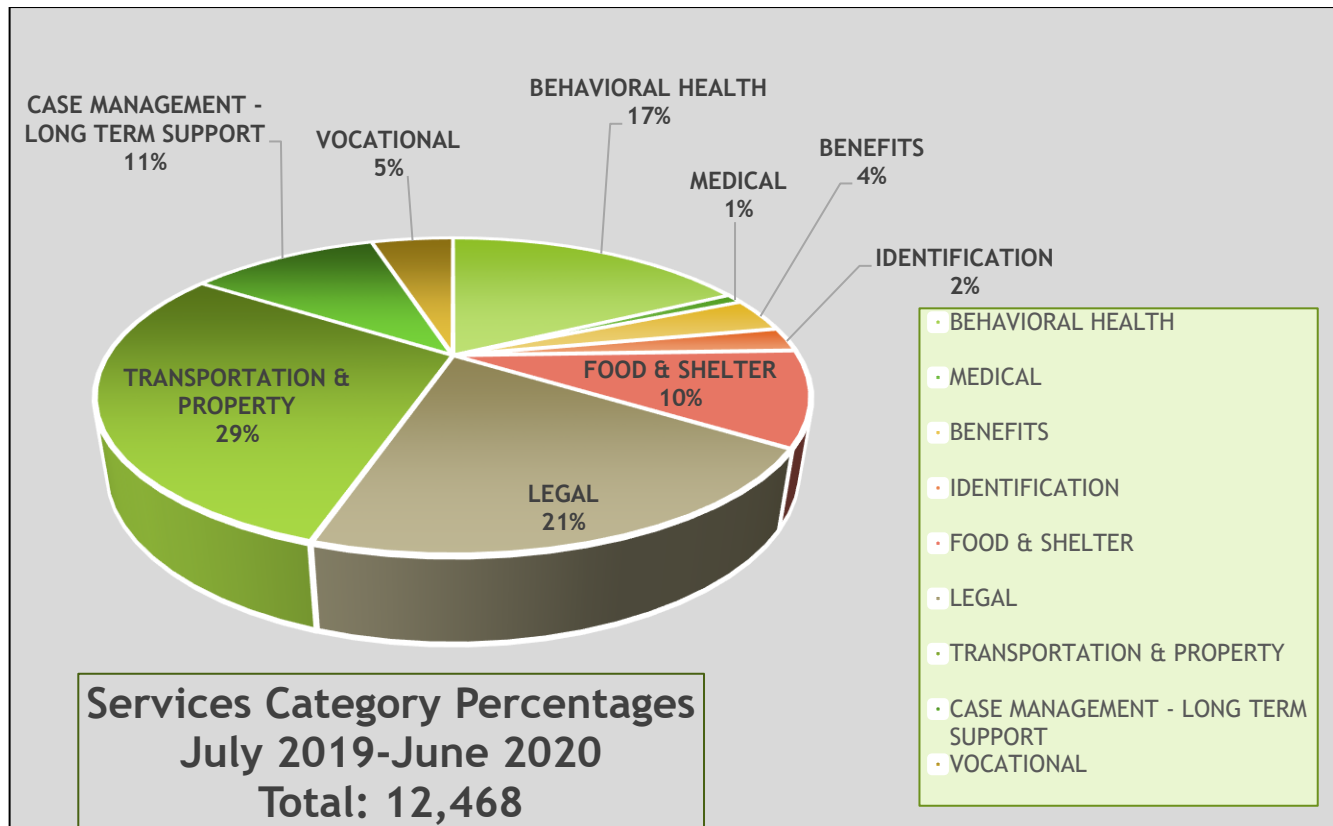


Figure 7 Pie chart: Case Management Category Percentages

Transition Planning and Reentry Needs Assessments

Transition Planners at the jail meet with clients who are moderate to high risk/need. Each of these individuals are approached to gain their permission and agreement to participate in transition planning. Transition Planners work with clients until they are released. Transition Planners are in regular communication with RRC staff in preparation of the individual's arrival. If a client is a rapid releaser⁸ or was unable to meet with a Transition Planner while in custody, they will have another opportunity at the RRC to complete a Reentry Needs Assessment and/or Transition Plan. These are completed by the onsite Transition Planner, CHW, Pathway Navigator, or Case Manager at the RRC. Totals are for FY19-20 are reflected in Figure 8.

⁸ Rapid Releasers are individuals whom release in less than 72-96 hours and/or those whom release before a Transition Planner has an opportunity to meet them.

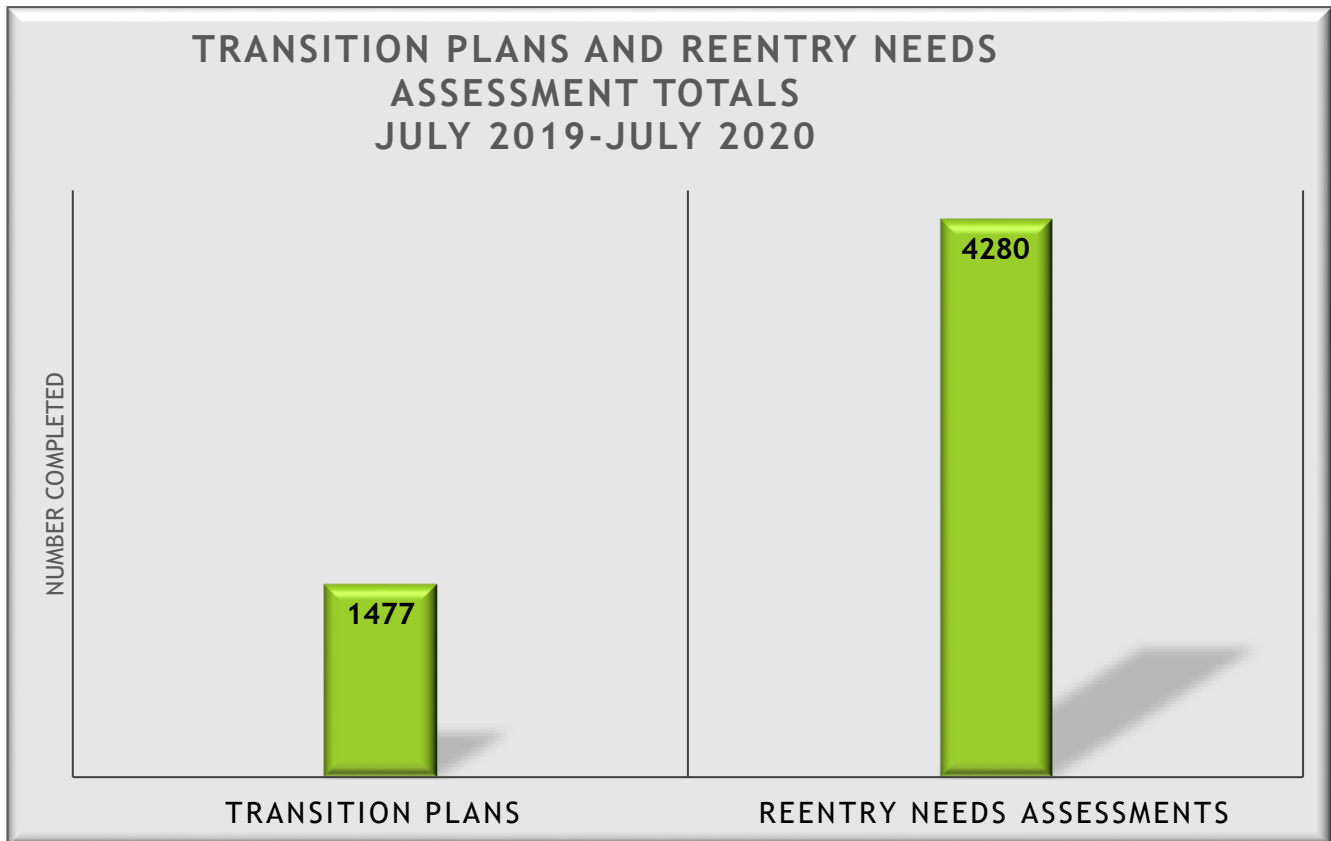


Figure 8 Transition Plan and Reentry Needs Assessment Completion Totals

The total number of Transition Plans and Reentry needs completed does not reflect location of completion (RRC vs. MDC) due to current data base limitations, as well as, staff relocations from MDC to the RRC due to the COVID-19 pandemic.

It is worthy to note that it was discovered in year two, that RRC's current database does not accurately reflect when a new Transition Plan or Reentry Needs Assessment has been created or amended, and instead, the system overwrites the previous entry without updating the creation date. The system does not have the capacity to store historical versions. This limitation has impacted accuracy in completion totals during the first quarter of data collection, however, once realized, RRC implemented a rule which requires that a *new* Reentry Needs Assessment and/or Transition Plan be created for *each new booking*. As a result of this discovery, it's recognized that totals for the Transition Plans and Needs Assessments are under-reported in FY19-20.

IMPACTS TO THE RRC

The RRC experienced some significant impacts during the second year that resulted in operational readjustments, process re-mapping, staff re-assignments and relocations, data collection and data system buildouts.

Case Management Database and Tracking System

The launch of the DBHS Client Manager Database System was delayed in FY19-20. Subsequently, the RRC was required to continue tracking and managing data entries and reports through workaround systems (spreadsheets, SharePoint, and daily trackers). RRC leadership is working together with Bernalillo County Information Technology (IT) administrators to design a temporary system that will allow Reentry Needs Assessments and Transition Plans to be entered in a user friendly platform with the ability to run queries and reports. This is expected to go live in August 2020. Once the Case Manager Database system is ready, the temporary system will be exported into the new system. This is expected to occur in July 2021.

Staffing and Contracts

Staff resignations and contract reassignments compromised progress and momentum of the program. Time and bandwidth was shifted toward reposting, rehiring, on-boarding and training of new team members.

- In October 2019, the UNM Health Sciences Pathway Navigators were removed from the RRC and reassigned to their assigned community agency. They continue, present day, to receive referrals from RRC for long-term case management.
- In January 2020, the UNM Health Sciences Community Health Worker (CHW) experienced a management conversion.
- In April 2020, the UNM Health Sciences Community Health Worker (CHW) contract ended early was transferred from RRC to another DBHS program, Community Connections.

- In April 2020, the CHW vacancy was filled by DBHS Case Managers.
- In May 2020, DBHS created 6 full time case manager positions and 1 full time Program Supervisor dedicated to the RRC.
- The UNMH Transition Planning team, experienced two resignations and rehiring of new team members during the year.

Novel Coronavirus: COVID-19

The RRC responded quickly to the COVID-19 pandemic by creating a COVID-19 contingency plan in early March 2020. The plan, as it sits today, incorporates social distancing, sanitizing directives, the installation and mandatory use of hand washing stations outside of RRC by staff and clients, mandatory use of face masks and eye wear, installation of Plexiglas barriers in each office, limitation on number of clients to arrive via a transport van (reduction by 50%), use of latex gloves, basic COVID screening questions of clients upon arrival, and a symptom response plan.

The RRC recognized that many individuals, who had been incarcerated for months prior to the pandemic, were exiting into an uncertain and new way of living. RRC Staff completed a *Coronavirus 101* training hosted by UNM Project Echo the same week. The RRC provides COVID-19 informational flyers and continues to provide one/one education to those exiting the jail to ensure they understand how to take safety precautions and reduce risk to themselves and others.

On March 13th, 2020, MDC announced they were limiting civilian presence in the jail. The UNMH Transition Planning team was displaced and re-located to the RRC. This caused great impact to providing assessments and transition planning in the jail and as a result all services were rendered at the RRC. This relocation forced schedule revisions and restructure to avoid overcrowding. Like many others across the nation, daily research of local resources is necessary to provide the most up to date information on operating hours, intake process, screening requirements, etc. in order to properly refer clients to a resource.

On April 13th, 2020, the UNMH Transition Planners were granted video visit access as professional visitors which allowed for longer (up to one hour) and more frequent visits with clients. In its early stages, efforts were focused on high utilizers. Today, the Transition Planners are focusing their video visits on those who have a Risk score of 6-8 (moderate to high).

The RRC is in regular communication with MDC regarding suspected COVID-19 cases and screening protocols. All individuals who were housed in a quarantine/isolation pod (pending test results, in close contact with someone who has tested positive, and/or presenting with symptoms), or who have been confirmed positive for COVID-19, are diverted away from the RRC and transported to an alternate location or to their home⁹, to limit and reduce exposure to both staff and clients at the RRC. The diversion away from RRC, amongst other variables¹⁰, has decreased the number of people entering the RRC by 63% (Figure 9). Clients who were not in a quarantine or isolation pod are screened in the MDC's Releasing Department, prior to boarding the transport van, by responding to verbal screening questions and completing a temperature reading.

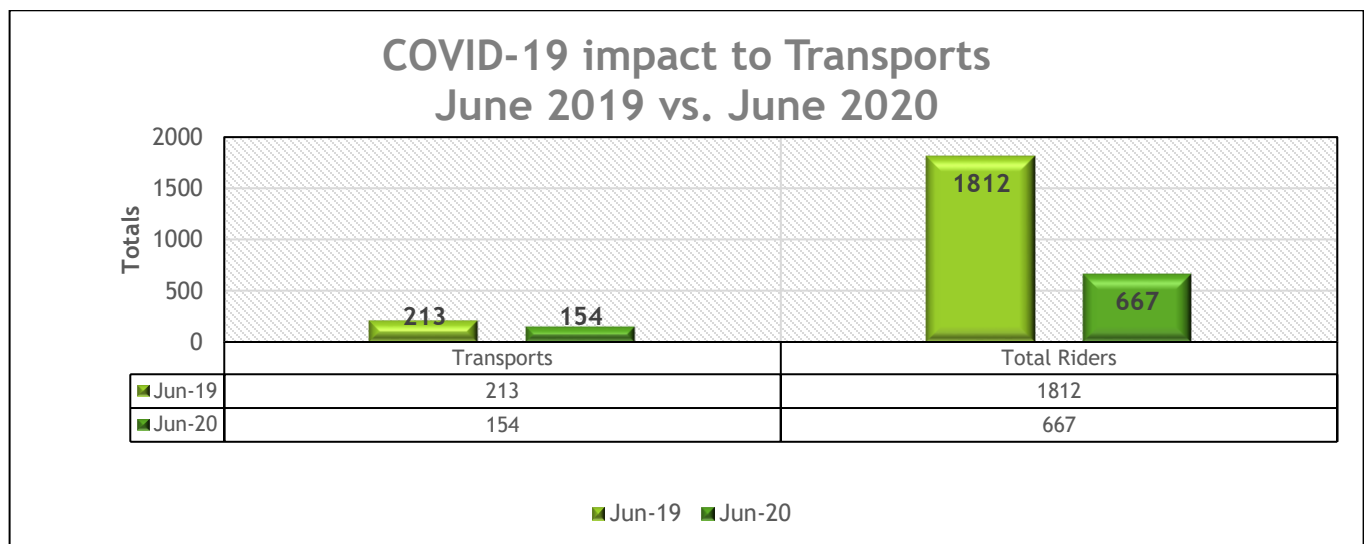


Figure 9 Comparison chart - impact of COVID-19 on transports and riders

⁹ [MDC COVID-19 FAQs](#) are posted online and describe their procedures for positive cases.

¹⁰ Decrease in arrests by LEA for minor/non-violent offenses, longer jail stays for serious charges, court ordered early releases in March for most vulnerable for COVID (approximately 200).

PROGRESS AND RECOGNITION

Criminal Justice Coordinating Council's (CJCC) Diversion & Reentry Subcommittee

As a commitment to the 2015 Stepping Up resolution¹¹, the RRC retained strong involvement and participation in the CJCC Diversion & Reentry Subcommittee¹² throughout the year. During FY19-20, the subcommittee conducted and finalized a system analysis of how individuals experiencing mental illness or involvement with the criminal justice system are being served. The Sequential Intercept Model (SIM) was examined and each intercept was dissected in relation to Bernalillo County. Intercepts zero through five were reviewed and reassigned according to local initiatives and supports put in place. There is supporting evidence to indicate the RRC plays a pivotal role in intercepts 2 through 4 (initial detention, jails/courts, and reentry). The transition planning process is initiated at booking and continues into the community through warm hand offs to long term supports.

In November 2019, the larger CJCC adopted its first strategic plan. The CJCC Diversion & Reentry Subcommittee formed three working groups who are dedicated to specific goals tied to: High Frequency Utilizers, Communications, and Services. The RRC is a strong voice in all three working groups and has taken a lead role on the High Frequency Utilizer work group.

High Frequency Utilizer Group

The Department of Behavioral Services Department has developed a High Utilizer tool that defines high utilizers by: 1.) 2+ arrests within the last 18 months, 2.) # of Emergency Room Department visits, and 3.) # of C.A.R.E. campus visits. Each category is given a weighted score that either moves them on or off of the list. The RRC plays a critical role in engaging the high utilizer population while in custody and flagging them upon release to ensure

¹¹ May 2015 the Bernalillo County Commission passed the "Stepping Up" resolution ([AR 2015-37](#)) in alignment with the national [Stepping Up Initiative](#), driven by the [National Association of Counties \(NACo\)](#).

¹² CJCC Diversion & Reentry Subcommittee consists of representatives and subject matter experts from local government, criminal justice stakeholders, and community based providers, working together to address issues surrounding criminal justice and mental illness.

connection to long term services and benefits in order to reduce the number of jail bookings and emergency room visits. The High Frequency Utilizer work group is making strides toward a Memorandum of Understanding for group members, as well as, the use and adoption of a Universal Release of Information (UROI) so that cases can be staffed and group members can approach solutions in meaningful ways without duplicating efforts and with a trauma informed care approach.

Stepping Up Innovator County

Bernalillo County was recognized by the National Association of Counties (NACo) as a Stepping Up Innovator County. Bernalillo County was the 18th county nationwide to receive this prestigious status by adopting the ability to:

- Establish a shared definition of SMI throughout a county's criminal justice and behavioral health systems
- Use validated mental health screening tool on every person booked into jail and referring people who screen positive to a follow-up clinical assessment, by a licensed mental health professional and recording clinical assessment results; and
- Report regularly on this population

As an Innovator County, Bernalillo County Department of Behavioral Health Services will be called upon to share its knowledge with other counties seeking to become Innovator Counties.

NATCON presenter

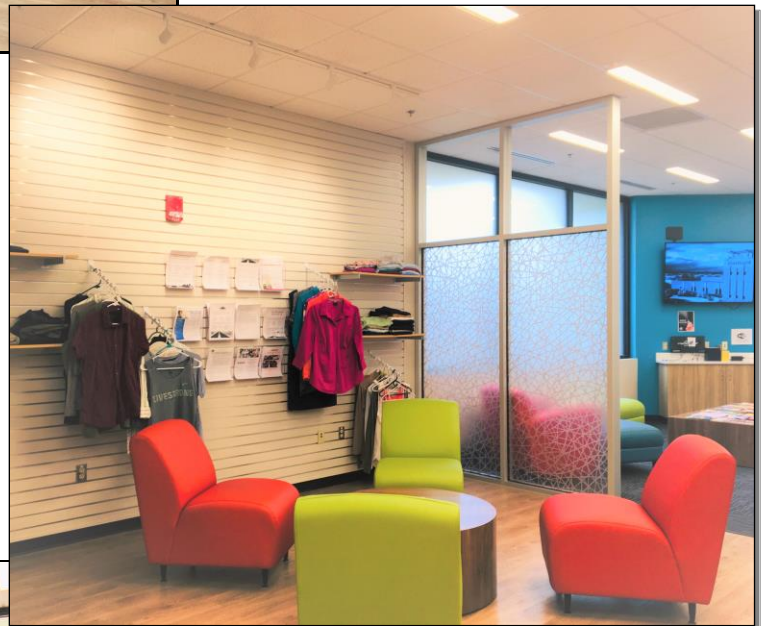
The RRC was selected to present at the 2020 National Council for Behavioral Health convention (NATCON). NATCON is the largest behavioral health conference in the nation bringing together over 6,200 industry leaders who are strengthening communities, improving lives, and building better futures. Unfortunately, COVID-19 travel restrictions cancelled this in-person presentation and instead became a virtual conference with keynote speakers. RRC continues to be contacted by other presenters and attendees who are interested in learning more about the RRC.

GOALS FOR FISCAL YEAR 2020-2021

- Launch DBHS Case Management Database System
- Learn and initiate interface with MDC's Offender Management System (OMS)
- Develop an Improved Data Tracking System and Process
- Continue involvement with High Frequency Utilizer (HFU) work group and service engagement with HFU population.
- Revise Universal Release of Information and finalize MOU for High Frequency Utilizer group in effort to reduce jail and ER visits.
- Continued participation in CJCC Diversion and Reentry Subcommittee and work groups
- Continue networking and building connections with community stakeholders and partners under current pandemic impact
- Foster Boundary Spanners and Intensive Case Management connections through the RRC
- Managed Care Organization (MCO) Care Coordinator engagement and video visit connections with focus on MCO highest utilizers
- Enhance partner information sharing to reduce duplication of services and maintain a trauma informed care approach
- Formalize recidivism tracking and reporting
- Study and maximize MDC video visits for better transition planning prior to release, including tracking data outcomes
- Explore sharing of Transition Plans and Reentry Needs Assessments with criminal justice partners for better individual outcomes
- Hire and on-board 7 permanent RRC case managers and 1 Program Supervisor



RRC Refreshment Area



Clothing Donations and information wall



RRC Lounge



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